

Anne R. Rikard and Gerald C. Rikard and Betty R. Olds,  
GRANTORS

W A R R A N T Y

TO

D E E D

Martha Jane Hogue,  
GRANTEES

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00) cash in hand paid, and other good and valuable considerations, the receipt of all of which is hereby acknowledged, Anne R. Rikard and Gerald C. Rikard and Betty R. Olds, do hereby sell, convey, and warrant unto Martha Jane Hogue, the land lying and being situated in DeSoto County, Mississippi, described as follows, to-wit:

3.72 acres are described as follows: Beginning at a point in the South section line of Section 33, Township 2, Range 6 West, said point being 660.4 feet west of the Southeast corner of said section 33; thence West with said South line of Section 33, 539.6 feet to a point in the center line of the Hernando Road; thence with the center line of said Hernando road North 32 degrees 15 minutes East 243 feet; thence continuing with the center line of said road North 54 degrees East 175 feet; thence continuing with said center line North 50 degrees East 350 feet; thence South 536.2 feet to the point of beginning and containing 3.72 acres of land, more or less. Lying in the Southeast Quarter.

LESS AND EXCEPT:

1.10 acre tract as part of the Rikard tract in the Southeast Quarter of Section 33, Township 2 South, Range 6 West, DeSoto County, Mississippi.

Beginning at a point on the south line of Section 33, Township 2 South, Range 6 West, said point being 854.13 feet west of the southeast corner of the southeast quarter of said section; thence North 23 degrees 46' West 209.11 feet to a point; thence North 85 degrees 50' West 35 feet to a point; thence North 25 degrees 44' West 45.26 feet to a point in the center of Lewisburg Road; thence South 47 degrees 30' West 341.14 feet along the center of said road to a point in the South line of Section 33, thence South 89 degrees 23' East 390.41 feet along the south line of said section to the point of beginning and containing 1.10 acres, more or less. All bearings are magnetic.

LESS AND EXCEPT:

That property conveyed to DeSoto County, MS in Book 46, Page 267.

The warranty in this deed is subject to rights of ways and easements for public roads and public utilities, to building, zoning, subdivision and health department regulations in effect in DeSoto County, Mississippi. Further subject to Easement to Home Telephone Co. of record in Book 180, Page 368, in the Chancery Court Clerk's office of DeSoto County, Mississippi.

By way of explanation, Anne R. Rikard,'s spouse, Culley Rikard is deceased, a copy of his death certificate being attached hereto. Further, title to the above property was in the name of Culley Rikard and his former wife, Elizabeth B. Rikard, who is also deceased, a copy her death certificate being attached hereto. Culley Rikard and Elizabeth B. Rikard had two children, Gerald C. Rikard and Betty R. Olds. Copies of Heirship Affidavits for both Culley Rikard and Elizabeth B. Rikard are attached hereto.

Further, by way of explanation, Gerald C. Rikard and Betty R. Olds, do hereby certify and acknowledge that the above property does not constitute any part of their homestead.

Taxes for the year 2004 are -0-, and possession is given with this deed.

WITNESS our signature(s), this the 1st day of April, 2004.

STATE MS.-DESOTO CO.  
FILED

APR 2 3 50 PM '04

BK 468 PG 655  
W.E. DAVIS CH. CLK.

Anne R. Rikard  
Anne R. Rikard

Gerald C. Rikard  
Gerald C. Rikard

Betty R. Olds  
Betty R. Olds

STATE OF MISSISSIPPI:  
COUNTY OF DeSoto:

PERSONALLY APPEARED before me, the undersigned authority at law, in and for the State and County aforesaid, the within named, Anne R. Rikard and Gerald C. Rikard and Betty R. Olds who acknowledged that they signed and delivered the above and foregoing Deed on the day and year therein mentioned, as their free act and deed, and for the purposed therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the 1st day of April, 2004.

*Connie Rhea Wiley*  
Notary Public

My commission expires: *June 17, 2007*

Grantors Address:

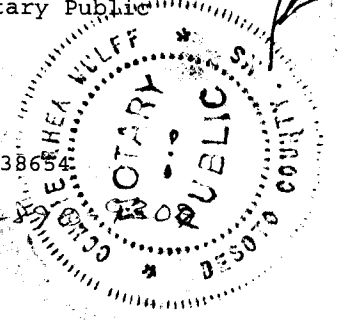
*1325 McIngvale Road  
Hernando, MS 38632*

Phone: Res.- *662-449-4706*  
Bus.- *N/A*

Grantees Address:

*8845 Byhalia Road  
Olive Branch, MS 38654*

Phone: Res.- *662-449-4706*  
Bus.- *N/A*



Prepared By:

Chamberlin-Nowak, P.C.  
170 West Center St.  
Hernando, MS 38632  
662-429-7888



TENNESSEE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

BK0468PG0657

For use by physician or institution

PHYSICIAN OR MEDICAL EXAMINER EX-3 CERTIFICATE COMPLETE AND MEDICAL CERTIFICATE WITHIN 48

INSTRUCTIONS OTHER SIDE

CAUSE OF DEATH

(R)

DECEASED

PARENTS

INFORMANT

DISPOSITION

REGISTRAR

CERTIFIER

30. MANNER OF DEATH

1 ☒ Natural 5 ☐ Pending Investigation

2 ☐ Accident

3 ☐ Suicide 6 ☐ Could not be Determined

4 ☐ Homicide

31a. DATE OF INJURY (Month, Day, Year)

31b. TIME OF INJURY

31c. INJURY AT WORK?

1 ☐ Yes 2 ☐ No

31d. DESCRIBE HOW INJURY OCCURRED

31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)

31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

BIRTH NO.

1. DECEDENT'S NAME (First, Middle, Last)

Culley

4. SOCIAL SECURITY NUMBER (If Deceased)

██████████

5a. AGE-Last BIRTHDAY (Month, Day, Year)

85

5b. AGE-Last BIRTHDAY (Month, Day, Year)

85

RIKARD

2. SEX

Male

STATE FILE NUMBER

3. DATE OF DEATH (Month, Day, Year)

February 25, 2000

7. BIRTHPLACE (City and State or Foreign Country)

Oxford MS

8. WAS DECEDENT EVER IN U.S. ARMED FORCES?

1 ☒ Yes 2 ☐ No

9a. PLACE OF DEATH (Check only one)

1 ☒ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

5c. CITY, TOWN, OR LOCATION OF DEATH

Memphis

5d. COUNTY OF DEATH

Shelby

5e. STREET AND NUMBER OR RURAL LOCATION

50 Hwy 304

5f. CITY, TOWN, OR LOCATION OF DEATH

Memphis

5g. COUNTY OF DEATH

Shelby

5h. KIND OF BUSINESS/INDUSTRY

York Arms Sporting Goods

5i. RESIDENCE

MS

9b. FACILITY NAME (If not institution, give street and number)

Baptist East

10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify)

Married

11. SURVIVING SPOUSE (If wife, give maiden name)

Anne Reynolds

12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)

Salesman

12b. KIND OF BUSINESS/INDUSTRY

York Arms Sporting Goods

13a. RESIDENCE-STATE

MS

13b. COUNTY

DeSoto

13c. CITY, TOWN OR LOCATION

Olive Branch

13d. STREET AND NUMBER OR RURAL LOCATION

50 Hwy 304

14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No; if yes, specify Cuban, Mexican, Puerto Rican, etc.)

Yes ☐ No ☒

15. RACE-American Indian, Black, White, etc. (Specify)

White

16. DECEDENT'S EDUCATION (Specify only highest grade completed)

Elementary/Secondary (G-12)

17. FATHER'S NAME (First, Middle, Last)

Ezekial Rikard

18. MOTHER'S NAME (First, Middle, Maiden Surname)

Mary Darling

19a. INFORMANT'S NAME (Type/Print)

Anne Rikard

19b. RELATIONSHIP TO DECEASED

Wife

19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

50 Hwy 304 Olive Branch MS 38654

20a. METHOD OF DISPOSITION

1 ☒ Burial 2 ☐ Cremation 3 ☐ Removal from State

20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)

Boggan Cemetery

20c. LOCATION-City or Town, State

Olive Branch MS

21a. SIGNATURE OF FUNERAL DIRECTOR

Larry Wray

21b. LICENSE NUMBER OF FUNERAL DIRECTOR

178

21c. SIGNATURE OF EMBALMER

Glenn Gray

21d. LICENSE NUMBER OF EMBALMER

4629

22a. NAME AND ADDRESS OF FUNERAL HOME

Brantley Funeral Home

22b. LICENSE NUMBER OF FUNERAL HOME

FE117

23. REGISTRAR'S SIGNATURE

Shirley Starks

24. DATE FILED (Month, Day, Year)

MAR 02 2000

25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated.

1 ☐ SIGNATURE AND TITLE OF PHYSICIAN

Edward S. Muir, MD

25b. LICENSE NUMBER

MD0000019051

25c. DATE SIGNED (Month, Day, Year)

02-28-00

26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date and place, and due to the cause(s) and manner as stated.

2 ☐ SIGNATURE AND TITLE OF MEDICAL EXAMINER

26b. LICENSE NUMBER

26c. DATE SIGNED (Month, Day, Year)

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)

Edward Muir, M.D.

28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

2136 Exeter

28a. IMMEDIATE CAUSE (Final disease or condition resulting in death)

Large cell lymphoma

28b. DUE TO (OR AS A CONSEQUENCE OF)

28c. DUE TO (OR AS A CONSEQUENCE OF)

28d. DUE TO (OR AS A CONSEQUENCE OF)

Approximate Interval Between Onset and Death

4 weeks

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

29a. WAS AN AUTOPSY PERFORMED?

1 ☐ Yes 2 ☒ No

29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 ☐ Yes 2 ☒ No

30. MANNER OF DEATH

1 ☒ Natural 5 ☐ Pending Investigation

31a. DATE OF INJURY (Month, Day, Year)

31b. TIME OF INJURY

31c. INJURY AT WORK?

1 ☐ Yes 2 ☐ No

31d. DESCRIBE HOW INJURY OCCURRED

31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)

31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

DEPARTMENT OF PUBLIC HEALTH

## CERTIFICATE OF DEATH

DIVISION OF VITAL STATISTICS

STATE OF TENNESSEE

BIRTH NO.

DEATH NO. 58-08485

NAME ELIZABETH B. Rikard DATE OF DEATH 3-27-58

1. COLOR 2. SEX 3. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) 4. DATE MONTH DAY YEAR OF BIRTH 5. AGE (IN YEARS LAST BIRTHDAY) 6. IF UNDER 1 YR. 7. IF UNDER 24 HRS.

8. USUAL RESIDENCE OF DECEASED 9. CITY OR TOWN 10. INSIDE CITY LIMITS

11. LENGTH OF STAY IN THIS PLACE 12. STREET ADDRESS 13. IS RESIDENCE ON A FARM?

14. HAD DECEASED EVER BEEN IN U.S. ARMY OR NAVY? 15. WAR OR DATES OF SERVICE

16. NAME OF PHYSICIAN 17. NAME OF HUSBAND (NAME) 18. INFORMANT

19. ADDRESS

20. CAUSE AND DEATH

21. DUE TO (a) Metastatic melanoma

22. DUE TO (b)

23. WAS AUTOPSY PERFORMED? YES NO

24. SIGNATURE OF PHYSICIAN

25. SIGNATURE OF REGISTRAR

26. DATE

27. PLACE OF INJURY (In or About Home, Farm, Factory, Street, Office Building, etc.) 28. PLACE OF INJURY

29. CITY, TOWN OR RURAL 30. COUNTY 31. STATE

32. NAME OF CHURCH OR CHURCHMAN 33. LOCATION CITY, TOWN OR COUNTY 34. STATE

35. DATE



HEIRSHIP AFFIDAVIT

(Heirship of CULLEY RIKARD Deceased)

STATE OF Mississippi  
COUNTY OF Desoto  
Thomas J. Lewis

, of lawful age,  
being first duly sworn, upon his oath deposes and says:

That he was personally well acquainted with the above decedent, during his lifetime, having known him for 40  
years, and that affiant bears the following relationship to the said decedent, towit: step son

Affiant further states that the said decedent departed this life at Pop. East Hosp. in Shelby County,  
State of Tennessee, on or about Feb. 25, 2000, being 85 years old at  
the date of his death.

Affiant further states that he was well acquainted with the family and near relatives of the said decedent, and with all  
those who would under the laws of the State of Mississippi, be his heirs, and that the following statements  
and the answers to the following named questions are based upon the personal knowledge of affiant and are true and correct:

QUESTION 1 - Did the decedent leave a will? ANSWER: No

QUESTION 2 - If so, has the will been admitted to probate - at what place, and when? ANSWER: NA

QUESTION 3 - Has an administrator been appointed for the estate of said deceased? ANSWER: NO

QUESTION 4 - If so, give the County in which the said administration proceedings are pending, and the name and address  
of the administrator. ANSWER: NA

QUESTION 5 - Did the decedent receive the benefit of any Medicaid payments? ANSWER: Yes \_\_\_\_\_ No ☒

If yes, attach copy of Division of Medicaid Waiver of Recovery pursuant to Section 43-13-317.

QUESTION 6 - Give the name and address of the surviving widow or widower of decedent. ANSWER: ANNE

R. Rikard

If not living, state date of death NA

QUESTION 7 - If the decedent was married more than once, give the name of the former husband or wife, and state whether  
said former spouse is dead or divorced.

ANSWER: Elizabeth B. Rikard (deceased)

QUESTION 8 - On the blank lines below, give the names and places of residence of all surviving children of deceased,  
together with the other information called for: ANSWER: (Give names of surviving children only)

| NAME OF CHILD              | DATE OF BIRTH   | IF NOT LIVING<br>DATE OF DEATH | NAME OF<br>HUSBAND OR WIFE | ADDRESS OR<br>IF NOT LIVING<br>DATE OF DEATH |
|----------------------------|-----------------|--------------------------------|----------------------------|--|
| 1. <u>Gerald C. Rikard</u> | <u>4-10-43</u>  |                                | <u>Carolyn</u>             | <u>72 Vaughn Lane Olive Branch,</u>          |
| 2. <u>Betty R. Okls</u>    | <u>11-29-56</u> |                                | <u>David</u>               | <u>60 Vaughn Lane Ms 38654</u>               |
| 3. _____                   | _____           | _____                          | _____                      | _____  |
| 4. _____                   | _____           | _____                          | _____                      | _____  |

QUESTION 9 - Give below the names of any deceased children of the decedent, together with the other information called  
for: ANSWER:

| NAME OF CHILD  | DATE OF BIRTH | DATE OF DEATH | SURVIVING<br>HUSBAND OR WIFE | IF NOT LIVING<br>DATE OF DEATH |
|----------------|---------------|---------------|------------------------------|--------------------------------|
| 1. <u>None</u> | _____         | _____         | _____                        | _____                          |
| 2. _____       | _____         | _____         | _____                        | _____                          |
| 3. _____       | _____         | _____         | _____                        | _____                          |
| 4. _____       | _____         | _____         | _____                        | _____                          |

QUESTION 10 - Give the names of the children of any deceased son or daughter of the decedent: ANSWER:

| NAME OF CHILD | DATE OF BIRTH | ADDRESS OR<br>IF NOT LIVING, DATE OF DEATH | NAME OF FATHER AND MOTHER |
|---------------|---------------|--|---------------------------|
| 1. _____      | _____         | _____                                      | _____                     |
| 2. _____      | _____         | _____                                      | _____                     |
| 3. _____      | _____         | _____                                      | _____                     |
| 4. _____      | _____         | _____                                      | _____                     |

QUESTION 11 - Did the decedent have any adopted children, or step-children taken into his home?

ANSWER: Yes 1 No \_\_\_\_ IF SO, WRITE THEIR NAMES, AGES, AND ADDRESSES IN THE BLANK LINES BELOW:

step children {  
Never  
adopted

| NAME                        | AGE       | ADDRESS                  | NAME OF FATHER AND MOTHER  |
|-----------------------------|-----------|--------------------------|----------------------------|
| 1. <u>Thomas J. Lewis</u>   | <u>52</u> | <u>864 Malone Rd. S.</u> | <u>Hernando, Ms. 38632</u> |
| 2. <u>Virginia A. Lewis</u> | <u>51</u> | <u>4108 Ridge Rd.</u>    | <u>Smyrna Ga. 30080</u>    |
| 3. _____                    | _____     | _____                    | _____                      |
| 4. _____                    | _____     | _____                    | _____                      |
| 5. _____                    | _____     | _____                    | _____                      |

QUESTION 12 - Did the decedent leave any unpaid debts; and if so, give as nearly as possible, the amount of such debts, and whether they have since been paid.

ANSWER: No

QUESTION 13 - If the decedent left no children, then give below the names and addresses (together with other information called for), of his surviving father, mother, brothers and sisters: ANSWER:

NA

| NAME     | RELATIONSHIP | AGE   | ADDRESS OR IF NOT LIVING<br>DATE OF DEATH |
|----------|--------------|-------|---|
| 1. _____ | _____        | _____ | _____                                     |
| 2. _____ | _____        | _____ | _____                                     |
| 3. _____ | _____        | _____ | _____                                     |
| 4. _____ | _____        | _____ | _____                                     |
| 5. _____ | _____        | _____ | _____                                     |

QUESTION 14 - If the deceased left no children nor children of a deceased child, then give below the names of any deceased brothers and sisters of the decedent, together with the other information called for: ANSWER:

NA

| NAME OF BROTHER/SISTER | DATE OF BIRTH | DATE OF DEATH | SURVIVING CHILDREN | IF NOT LIVING<br>DATE OF DEATH |
|------------------------|---------------|---------------|--------------------|--------------------------------|
| 1. _____               | _____         | _____         | _____              | _____                          |
| 2. _____               | _____         | _____         | _____              | _____                          |
| 3. _____               | _____         | _____         | _____              | _____                          |
| 4. _____               | _____         | _____         | _____              | _____                          |

Thomas J. Lewis  
Signature of Affiant

Subscribed and sworn to before me this 30th day of March, 192004

My commission expires:

June 17, 2007

Connie Rhea Wiley  
Notary Public

## CORROBORATION AFFIDAVIT

STATE OF \_\_\_\_\_ (To be signed by some person other than the one making the foregoing affidavit.)

COUNTY OF Ruby E. Lewis, of lawfulage, being first duly sworn, upon his oath states: That the information given in the above and foregoing affidavit, made by Thomas J. Lewis is true, to the personal knowledge of this affiant.

Ruby E. Lewis  
Signature of Corroborating Affiant

Subscribed and sworn to before me this 30th day of March, 192004

My commission expires:

June 17, 2007

Connie Rhea Wiley  
Notary Public



## HEIRSHIP AFFIDAVIT

(Heirship of CULLEY RIKARD Deceased)STATE OF MississippiCOUNTY OF DesotoRuby E. Lewis, of lawful age,  
being first duly sworn, upon his oath deposes and says:That he was personally well acquainted with the above decedent, during his lifetime, having known him for 20 years, and that affiant bears the following relationship to the said decedent, to wit: step daughter in lawAffiant further states that the said decedent departed this life at Replis E. Nesp, in Shelby County, State of Tennessee, on or about Feb. 25, 2000, being 85 years old at the date of his death.Affiant further states that he was well acquainted with the family and near relatives of the said decedent, and with all those who would under the laws of the State of Mississippi, be his heirs, and that the following statements and the answers to the following named questions are based upon the personal knowledge of affiant and are true and correct:QUESTION 1 - Did the decedent leave a will? ANSWER: NoQUESTION 2 - If so, has the will been admitted to probate - at what place, and when? ANSWER: NA

QUESTION 3 - Has an administrator been appointed for the estate of said deceased? ANSWER: \_\_\_\_\_

QUESTION 4 - If so, give the County in which the said administration proceedings are pending, and the name and address of the administrator. ANSWER: NAQUESTION 5 - Did the decedent receive the benefit of any Medicaid payments? ANSWER: Yes \_\_\_\_\_ No ☒

If yes, attach copy of Division of Medicaid Waiver of Recovery pursuant to Section 43-13-317.

QUESTION 6 - Give the name and address of the surviving widow or widower of decedent. ANSWER: Anne R. RikardIf not living, state date of death NA

QUESTION 7 - If the decedent was married more than once, give the name of the former husband or wife, and state whether said former spouse is dead or divorced.

ANSWER: Elizabeth B. Rikard (deceased)

QUESTION 8 - On the blank lines below, give the names and places of residence of all surviving children of deceased, together with the other information called for: ANSWER: (Give names of surviving children only)

| NAME OF CHILD              | DATE OF BIRTH   | IF NOT LIVING<br>DATE OF DEATH | NAME OF<br>HUSBAND OR WIFE | ADDRESS OR<br>IF NOT LIVING<br>DATE OF DEATH |
|----------------------------|-----------------|--------------------------------|----------------------------|--|
| 1. <u>Gerald E. Rikard</u> | <u>4-10-43</u>  |                                | <u>Carolyn</u>             | <u>72 Vaughn Lane 7 Olive Branch</u>         |
| 2. <u>Betty R. Olds</u>    | <u>11-28-56</u> |                                | <u>David</u>               | <u>60 Vaughn Lane 5 Ms. 38654</u>            |
| 3. _____                   | _____           | _____                          | _____                      | _____  |
| 4. _____                   | _____           | _____                          | _____                      | _____  |

QUESTION 9 - Give below the names of any deceased children of the decedent, together with the other information called for: ANSWER:

| NAME OF CHILD  | DATE OF BIRTH | DATE OF DEATH | SURVIVING<br>HUSBAND OR WIFE | IF NOT LIVING<br>DATE OF DEATH |
|----------------|---------------|---------------|------------------------------|--------------------------------|
| 1. <u>None</u> | _____         | _____         | _____                        | _____                          |
| 2. _____       | _____         | _____         | _____                        | _____                          |
| 3. _____       | _____         | _____         | _____                        | _____                          |
| 4. _____       | _____         | _____         | _____                        | _____                          |

QUESTION 10 - Give the names of the children of any deceased son or daughter of the decedent: ANSWER:

| NAME OF CHILD | DATE OF BIRTH | ADDRESS OR<br>IF NOT LIVING, DATE OF DEATH | NAME OF FATHER AND MOTHER |
|---------------|---------------|--|---------------------------|
| 1. _____      | _____         | _____                                      | _____                     |
| 2. _____      | _____         | _____                                      | _____                     |
| 3. _____      | _____         | _____                                      | _____                     |
| 4. _____      | _____         | _____                                      | _____                     |

QUESTION 11 - Did the decedent have any adopted children, or step-children taken into his home?

ANSWER: Yes ☒ No ☐ IF SO, WRITE THEIR NAMES, AGES, AND ADDRESSES IN THE BLANK LINES BELOW:

step  
children  
never  
adopted

| NAME                        | AGE       | ADDRESS                                      |
|-----------------------------|-----------|--|
| 1. <u>Thomas T. Lewis</u>   | <u>52</u> | <u>864 Malave Rd. S. Hernando, Ms. 38632</u> |
| 2. <u>Virginia A. Lewis</u> | <u>51</u> | <u>4108 Ridge Rd. Smyrna Ga. 30080</u>       |
| 3. _____                    | _____     | _____  |
| 4. _____                    | _____     | _____  |
| 5. _____                    | _____     | _____  |

QUESTION 12 - Did the decedent leave any unpaid debts; and if so, give as nearly as possible, the amount of such debts, and whether they have since been paid.

ANSWER: No

QUESTION 13 - If the decedent left no children, then give below the names and addresses (together with other information called for), of his surviving father, mother, brothers and sisters: ANSWER:

| NAME         | RELATIONSHIP | AGE   | ADDRESS OR IF NOT LIVING<br>DATE OF DEATH |
|--------------|--------------|-------|---|
| 1. <u>NA</u> | _____        | _____ | _____                                     |
| 2. _____     | _____        | _____ | _____                                     |
| 3. _____     | _____        | _____ | _____                                     |
| 4. _____     | _____        | _____ | _____                                     |
| 5. _____     | _____        | _____ | _____                                     |

QUESTION 14 - If the deceased left no children nor children of a deceased child, then give below the names of any deceased brothers and sisters of the decedent, together with the other information called for: ANSWER:

| NAME OF BROTHER/SISTER | DATE OF BIRTH | DATE OF DEATH | SURVIVING CHILDREN | IF NOT LIVING<br>DATE OF DEATH |
|------------------------|---------------|---------------|--------------------|--------------------------------|
| 1. <u>NA</u>           | _____         | _____         | _____              | _____                          |
| 2. _____               | _____         | _____         | _____              | _____                          |
| 3. _____               | _____         | _____         | _____              | _____                          |
| 4. _____               | _____         | _____         | _____              | _____                          |

Ruby E. Lewis  
Signature of Affiant

Subscribed and sworn to before me this 30th day of March, 2004

My commission expires:  
June 17, 2007

Gennie Rhen Willy  
Notary Public

# CORROBORATION AFFIDAVIT

STATE OF MS (To be signed by some person other than the one making the foregoing affidavit.)  
COUNTY OF DeSoto

Thomas T. Lewis, of lawful age, being first duly sworn, upon his oath states: That the information given in the above and foregoing affidavit, made by Ruby E. Lewis is true, to the personal knowledge of this affiant.

Thomas T. Lewis  
Signature of Corroborating Affiant

Subscribed and sworn to before me this 30th day of March, 2004

My commission expires:  
June 17, 2007

Gennie Rhen Willy  
Notary Public





HEIRSHIP AFFIDAVIT

(Heirship of ELIZABETH B. RIKARD Deceased)

STATE OF MISSISSIPPI  
COUNTY OF DESOUD

Albert H. Broadway, of lawful age,  
being first duly sworn, upon his oath deposes and says:

That he was personally well acquainted with the above decedent, during his lifetime, having known him for 41  
years, and that affiant bears the following relationship to the said decedent, towit: Aunt

Affiant further states that the said decedent departed this life at \_\_\_\_\_, in Shelby County,  
State of Tennessee, on or about March 27, 1958, being 42 years old at  
the date of his death.

Affiant further states that he was well acquainted with the family and near relatives of the said decedent, and with all  
those who would under the laws of the State of MISSISSIPPI, be his heirs, and that the following statements  
and the answers to the following named questions are based upon the personal knowledge of affiant and are true and correct:

QUESTION 1 - Did the decedent leave a will? ANSWER: no

QUESTION 2 - If so, has the will been admitted to probate - at what place, and when? ANSWER: \_\_\_\_\_

QUESTION 3 - Has an administrator been appointed for the estate of said deceased? ANSWER: no

QUESTION 4 - If so, give the County in which the said administration proceedings are pending, and the name and address  
of the administrator. ANSWER: \_\_\_\_\_

QUESTION 5 - Did the decedent receive the benefit of any Medicaid payments? ANSWER: Yes \_\_\_\_\_ No ✓  
If yes, attach copy of Division of Medicaid Waiver of Recovery pursuant to Section 43-13-317.

QUESTION 6 - Give the name and address of the surviving widow or widower of decedent. ANSWER: \_\_\_\_\_  
Gulley Rikard  
If not living, state date of death Feb. 25, 2000

QUESTION 7 - If the decedent was married more than once, give the name of the former husband or wife, and state whether  
said former spouse is dead or divorced.  
ANSWER: married only to Gulley Rikard

QUESTION 8 - On the blank lines below, give the names and places of residence of all surviving children of deceased,  
together with the other information called for: ANSWER: (Give names of surviving children only)

| NAME OF CHILD             | DATE OF BIRTH   | IF NOT LIVING<br>DATE OF DEATH | NAME OF<br>HUSBAND OR WIFE | ADDRESS OR<br>IF NOT LIVING<br>DATE OF DEATH |
|---------------------------|-----------------|--------------------------------|----------------------------|--|
| 1. <u>Merid C. Rikard</u> | <u>4-7-43</u>   |                                | <u>Carolyn S. Rikard</u>   | <u>72 Vaughn Ln. Olive Branch, MS</u>        |
| 2. <u>Betty R. Olds</u>   | <u>11-28-56</u> |                                | <u>David Olds</u>          | <u>60 Vaughn Ln. Olive Branch, MS</u>        |
| 3. _____                  | _____           | _____                          | _____                      | _____  |
| 4. _____                  | _____           | _____                          | _____                      | _____  |

QUESTION 9 - Give below the names of any deceased children of the decedent, together with the other information called  
for: ANSWER: None

| NAME OF CHILD | DATE OF BIRTH | DATE OF DEATH | SURVIVING<br>HUSBAND OR WIFE | IF NOT LIVING<br>DATE OF DEATH |
|---------------|---------------|---------------|------------------------------|--------------------------------|
| 1. _____      | _____         | _____         | _____                        | _____                          |
| 2. _____      | _____         | _____         | _____                        | _____                          |
| 3. _____      | _____         | _____         | _____                        | _____                          |
| 4. _____      | _____         | _____         | _____                        | _____                          |

QUESTION 10 - Give the names of the children of any deceased son or daughter of the decedent: ANSWER:

| NAME OF CHILD | DATE OF BIRTH | ADDRESS OR<br>IF NOT LIVING, DATE OF DEATH | NAME OF FATHER AND MOTHER |
|---------------|---------------|--|---------------------------|
| 1. _____      | _____         | _____                                      | _____                     |
| 2. _____      | _____         | _____                                      | _____                     |
| 3. _____      | _____         | _____                                      | _____                     |
| 4. _____      | _____         | _____                                      | _____                     |

QUESTION 11 - Did the decedent have any adopted children, or step-children taken into his home?

ANSWER: Yes \_\_\_\_\_ No \_\_\_\_\_. IF SO, WRITE THEIR NAMES, AGES, AND ADDRESSES IN THE BLANK LINES BELOW:

| NAME     | AGE   | ADDRESS |
|----------|-------|---------|
| 1. _____ | _____ | _____   |
| 2. _____ | _____ | _____   |
| 3. _____ | _____ | _____   |
| 4. _____ | _____ | _____   |
| 5. _____ | _____ | _____   |

QUESTION 12 - Did the decedent leave any unpaid debts; and if so, give as nearly as possible, the amount of such debts, and whether they have since been paid.

ANSWER: NO UNPAID DEBTS.

QUESTION 13 - If the decedent left no children, then give below the names and addresses (together with other information called for), of his surviving father, mother, brothers and sisters: ANSWER:

| NAME     | RELATIONSHIP | AGE   | ADDRESS OR IF NOT LIVING<br>DATE OF DEATH |
|----------|--------------|-------|---|
| 1. _____ | _____        | _____ | _____                                     |
| 2. _____ | _____        | _____ | _____                                     |
| 3. _____ | _____        | _____ | _____                                     |
| 4. _____ | _____        | _____ | _____                                     |
| 5. _____ | _____        | _____ | _____                                     |

QUESTION 14 - If the deceased left no children nor children of a deceased child, then give below the names of any deceased brothers and sisters of the decedent, together with the other information called for: ANSWER:

| NAME OF BROTHER/SISTER | DATE OF BIRTH | DATE OF DEATH | SURVIVING CHILDREN | IF NOT LIVING<br>DATE OF DEATH |
|------------------------|---------------|---------------|--------------------|--------------------------------|
| 1. _____               | _____         | _____         | _____              | _____                          |
| 2. _____               | _____         | _____         | _____              | _____                          |
| 3. _____               | _____         | _____         | _____              | _____                          |
| 4. _____               | _____         | _____         | _____              | _____                          |

Albert L. Broadway  
Signature of Affiant

Subscribed and sworn to before me this 29th day of March, 192004.

My commission expires:  
June 17, 2007

Connie Rhea Wiley  
Notary Public

CORROBORATION AFFIDAVIT

STATE OF MS (To be signed by some person other than the one making the foregoing affidavit.)  
COUNTY OF DeSoto

Orestia B. Broadway, of lawful  
age, being first duly sworn, upon his oath states: That the information given in the above and foregoing affidavit, made by  
Albert L. Broadway is true, to the personal knowledge of this affiant.

Orestia B. Broadway  
Signature of Corroborating Affiant

Subscribed and sworn to before me this 29th day of March, 192004.

My commission expires:  
June 17, 2007

Connie Rhea Wiley  
Notary Public



## HEIRSHIP AFFIDAVIT

(Heirship of ELIZABETH B. RIKARD Deceased)STATE OF Mississippi  
COUNTY OF DE SOTOONEITTA B. BROADWAY, of lawful age,  
being first duly sworn, upon his oath deposes and says:That he was personally well acquainted with the above decedent, during his lifetime, having known him for 10 years, and that affiant bears the following relationship to the said decedent, to wit: SISTER-IN-LAWAffiant further states that the said decedent departed this life at \_\_\_\_\_, in SHELBY County, State of TENNESSEE, on or about MARCH 27, 1958, being 42 years old at the date of his death.Affiant further states that he was well acquainted with the family and near relatives of the said decedent, and with all those who would under the laws of the State of MISSISSIPPI, be his heirs, and that the following statements and the answers to the following named questions are based upon the personal knowledge of affiant and are true and correct:QUESTION 1 - Did the decedent leave a will? ANSWER: NO

QUESTION 2 - If so, has the will been admitted to probate - at what place, and when? ANSWER: \_\_\_\_\_

QUESTION 3 - Has an administrator been appointed for the estate of said deceased? ANSWER: NO

QUESTION 4 - If so, give the County in which the said administration proceedings are pending, and the name and address of the administrator. ANSWER: \_\_\_\_\_

QUESTION 5 - Did the decedent receive the benefit of any Medicaid payments? ANSWER: Yes \_\_\_\_\_ No X

If yes, attach copy of Division of Medicaid Waiver of Recovery pursuant to Section 43-13-317.

QUESTION 6 - Give the name and address of the surviving widow or widower of decedent. ANSWER: \_\_\_\_\_

CALLEY RIKARD  
If not living, state date of death February 25, 2000

QUESTION 7 - If the decedent was married more than once, give the name of the former husband or wife, and state whether said former spouse is dead or divorced.

ANSWER: MARRIED ONLY TO CALLEY RIKARD

QUESTION 8 - On the blank lines below, give the names and places of residence of all surviving children of deceased, together with the other information called for: ANSWER: (Give names of surviving children only)

| NAME OF CHILD                  | DATE OF BIRTH   | IF NOT LIVING<br>DATE OF DEATH | NAME OF<br>HUSBAND OR WIFE  | ADDRESS OR<br>IF NOT LIVING<br>DATE OF DEATH |
|--------------------------------|-----------------|--------------------------------|-----------------------------|--|
| 1. <u>GERALD CALLEY RIKARD</u> | <u>4-10-43</u>  |                                | <u>CAROLYN JONES RIKARD</u> | <u>72 VAUGHN LN OLIVEBRANCH, MS</u>          |
| 2. <u>BETTY E. RIKARD OLDS</u> | <u>11-28-56</u> |                                | <u>DAVID GARY OLDS</u>      | <u>60 VAUGHN LN OLIVE BRANCH, MS</u>         |
| 3. _____                       |                 |                                |                             |  |
| 4. _____                       |                 |                                |                             |  |

QUESTION 9 - Give below the names of any deceased children of the decedent, together with the other information called for: ANSWER: NO DECEASED CHILDREN

| NAME OF CHILD | DATE OF BIRTH | DATE OF DEATH | SURVIVING<br>HUSBAND OR WIFE | IF NOT LIVING<br>DATE OF DEATH |
|---------------|---------------|---------------|------------------------------|--------------------------------|
| 1. _____      |               |               |                              |                                |
| 2. _____      |               |               |                              |                                |
| 3. _____      |               |               |                              |                                |
| 4. _____      |               |               |                              |                                |

QUESTION 10 - Give the names of the children of any deceased son or daughter of the decedent: ANSWER:

| NAME OF CHILD | DATE OF BIRTH | ADDRESS OR<br>IF NOT LIVING, DATE OF DEATH | NAME OF FATHER AND MOTHER |
|---------------|---------------|--|---------------------------|
| 1. _____      | _____         | _____                                      | _____                     |
| 2. _____      | _____         | _____                                      | _____                     |
| 3. _____      | _____         | _____                                      | _____                     |
| 4. _____      | _____         | _____                                      | _____                     |

QUESTION 11 - Did the decedent have any adopted children, or step-children taken into his home?

ANSWER: Yes \_\_\_\_\_ No X IF SO, WRITE THEIR NAMES, AGES, AND ADDRESSES IN THE  
BLANK LINES BELOW:

| NAME     | AGE   | ADDRESS |
|----------|-------|---------|
| 1. _____ | _____ | _____   |
| 2. _____ | _____ | _____   |
| 3. _____ | _____ | _____   |
| 4. _____ | _____ | _____   |
| 5. _____ | _____ | _____   |

QUESTION 12 - Did the decedent leave any unpaid debts; and if so, give as nearly as possible, the amount of such debts,  
and whether they have since been paid.

ANSWER: NO UNPAID DEBTS

QUESTION 13 - If the decedent left no children, then give below the names and addresses (together with other information  
called for), of his surviving father, mother, brothers and sisters: ANSWER:

| NAME     | RELATIONSHIP | AGE   | ADDRESS OR IF NOT LIVING<br>DATE OF DEATH |
|----------|--------------|-------|---|
| 1. _____ | _____        | _____ | _____                                     |
| 2. _____ | _____        | _____ | _____                                     |
| 3. _____ | _____        | _____ | _____                                     |
| 4. _____ | _____        | _____ | _____                                     |
| 5. _____ | _____        | _____ | _____                                     |

QUESTION 14 - If the deceased left no children nor children of a deceased child, then give below the names of any deceased brothers  
and sisters of the decedent, together with the other information called for: ANSWER:

| NAME OF BROTHER/SISTER | DATE OF BIRTH | DATE OF DEATH | SURVIVING CHILDREN | IF NOT LIVING<br>DATE OF DEATH |
|------------------------|---------------|---------------|--------------------|--------------------------------|
| 1. _____               | _____         | _____         | _____              | _____                          |
| 2. _____               | _____         | _____         | _____              | _____                          |
| 3. _____               | _____         | _____         | _____              | _____                          |
| 4. _____               | _____         | _____         | _____              | _____                          |

Onetta B. Broadway  
Signature of Affiant

Subscribed and sworn to before me this 29<sup>th</sup> day of March, 19 2004

My commission expires:  
June 17, 2007

Connie Phelan Wiley  
Notary Public

CORROBORATION AFFIDAVIT

STATE OF MS (To be signed by some person other than the one making the foregoing affidavit.)  
COUNTY OF DeSoto

Albert T. Broadway, of lawful  
age, being first duly sworn, upon his oath states: That the information given in the above and foregoing affidavit, made by  
Onetta B. Broadway is true, to the personal knowledge of this affiant.

Albert T. Broadway  
Signature of Corroborating Affiant

Subscribed and sworn to before me this 29<sup>th</sup> day of March, 19 2004

My commission expires:  
June 17, 2007

Connie Phelan Wiley  
Notary Public